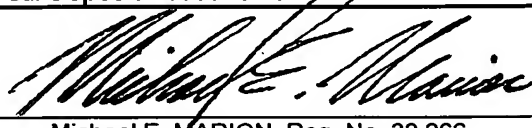


<b>TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371</b>				ATTORNEY'S DOCKET NO. <b>US030209US</b> U.S. APPLICATION NO. (If known, see 37 CFR 1.5) <b>10/560707</b>																							
INTERNATIONAL APPLICATION NO. <b>PCT/IB2004/051031</b>		INTERNATIONAL FILING DATE <b>June 28, 2004</b>		PRIORITY DATE CLAIMED <b>June 30, 2003</b>																							
TITLE OF INVENTION <b>PROPORTIONAL INPUT INTERFACE</b>																											
APPLICANT(S) FOR DO/EO/US <b>MARMAROPOULOS, George MAMA, Jack Kyriakos VU, Giang T.</b>																											
Applicant(s) herewith submit to the United States Designated/Elected Office (DO/EO/US) the following: 1. <input type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371. 2. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) has been transmitted by the International Bureau. 3. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau). <input checked="" type="checkbox"/> have not been made and will not be made.																											
The following document(s) or information are included: 4. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)) 5. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98, with <input checked="" type="checkbox"/> copy of International Search Report. 6. <input checked="" type="checkbox"/> Information Disclosure Statement with: <input checked="" type="checkbox"/> copy of 5 cited references. 7. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. 8. <input checked="" type="checkbox"/> A preliminary amendment 9. <input type="checkbox"/> A power of attorney and/or change of address letter 10. <input checked="" type="checkbox"/> Power of Attorney to Prosecute Application before the USPTO 11. <input checked="" type="checkbox"/> Statement under 37 CFR §3.73(b) 12. <input checked="" type="checkbox"/> Authorization Pursuant to 37 CFR § 1.136(a)(3) and to Charge Deposit Account <u>14-1270</u> 13. <input checked="" type="checkbox"/> Receipt Confirmation Postcard																											
The following fees have been submitted: 14. <input checked="" type="checkbox"/> Basic national fee ..... \$ 300 15. <input checked="" type="checkbox"/> Examination fee (Int'l prelim. exam. report NOT prepared by USPTO) ..... \$ 200 16. <input checked="" type="checkbox"/> Search Fee (Int'l Search Report prepared and provided to the Office.) ..... \$ 400 <b>TOTAL OF 14, 15 and 16 =</b>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CALCULATIONS</th> <th style="text-align: left;">PTO USE ONLY</th> </tr> <tr> <td style="height: 40px; vertical-align: bottom;">\$ 900</td> <td></td> </tr> </table>		CALCULATIONS	PTO USE ONLY	\$ 900																			
CALCULATIONS	PTO USE ONLY																										
\$ 900																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CLAIMS</th> <th style="text-align: left;"># FILED</th> <th style="text-align: left;"># EXTRA</th> <th style="text-align: left;">RATE</th> <th></th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>20 - 20 =</td> <td>0</td> <td>X \$50 =</td> <td>\$</td> </tr> <tr> <td>Independent claims</td> <td>3 - 3 =</td> <td>0</td> <td>X \$200 =</td> <td>\$</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL FEES FOR CLAIMS =</b></td> <td>\$</td> </tr> </tbody> </table>				CLAIMS	# FILED	# EXTRA	RATE		Total claims	20 - 20 =	0	X \$50 =	\$	Independent claims	3 - 3 =	0	X \$200 =	\$	<b>TOTAL FEES FOR CLAIMS =</b>				\$	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 40px; vertical-align: bottom;">\$ 40</td> <td></td> </tr> </table>		\$ 40	
CLAIMS	# FILED	# EXTRA	RATE																								
Total claims	20 - 20 =	0	X \$50 =	\$																							
Independent claims	3 - 3 =	0	X \$200 =	\$																							
<b>TOTAL FEES FOR CLAIMS =</b>				\$																							
\$ 40																											
Fee for recording the enclosed assignment (37 C.F.R. 1.21(h)) accompanied by an appropriate cover sheet (37 C.F.R. 3.28,3.31). <b>\$40.00</b> per property +				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 40px; vertical-align: bottom;">\$ 940.00</td> <td></td> </tr> </table>		\$ 940.00																					
\$ 940.00																											
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the above fees, as well as any additional fee which may be required, with the exception of the Base Issue Fee, or credit any overpayment to our Deposit Account No. <u>14-1270</u> .																											
SEND ALL CORRESPONDENCE TO PHILIPS ELECTRONICS NORTH AMERICA Intellectual Property & Standards P.O. Box 3001 Briarcliff Manor, NY 10510-8001		USPTO CUSTOMER NO. <div style="border: 1px solid black; padding: 5px; display: inline-block;">24737</div>		<div style="text-align: center;">               Michael E. MARION, Reg. No. 32,266              Tel.: (914) 333-9619           </div>																							
<b>CERTIFICATE OF EXPRESS MAILING</b>																											
I hereby certify that this paper and/or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 is addressed to "Mail Stop PCT, Commissioner for Patents, PO Box 1450, Arlington, VA 22313-1450," on the date indicated below.																											
EXPRESS MAILING LABEL NO.: EV 312 071 594																											
DATE OF EXPRESS MAILING: 15 DECEMBER 2005																											
NAME & SIGNATURE OF DEPOSITOR: <u>G. Lamprecht</u> G. LAMPRECHT																											

BEST AVAILABLE COPY

RECIPIENT

The sender has requested notification upon delivery.  
Immediately upon receipt, please telephone:

Name: \_\_\_\_\_

Tel. No.: ( ) \_\_\_\_\_

FIRMLY

PLEASE PRESS FIRMLY

PLEASE PRESS FIRMLY

10/560707

EXPRESS MAIL

U.S. POSTAL SERVICE®

EXPRESS MAIL

www.usps.com



\*EV312071594US\*

EV312071594US

ORIGIN (POSTAL USE ONLY)			
PO ZIP Code	Day of Delivery	First Rate Envelope	
10510	<input type="checkbox"/> Next <input type="checkbox"/> Second	<input type="checkbox"/>	
Date In	Time In	Postage	Return Receipt Fee
10/10	12 Noon	\$ 4.10	
No. Day Year	Military		
10 10 2007	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		
Weight	Int'l Alpha Country Code	COD Fee	Insurance Fee
1.54			
Lbs. Ozs.			
1 13			
No Delivery	Acceptance Clerk Initials	Total Postage & Fees	
<input type="checkbox"/> No Delivery		\$ 4.10	
CUSTOMER USE ONLY			
METHOD OF PAYMENT			
Express Mail Corporate Act. No.			
FROM: (PLEASE PRINT)			
PATTERNS, INTELLIGENCE			
PROPERTY & STANDARDS			
PO BOX 3001			
STARCRAFT MANOR			
10510-3001			
TO: (PLEASE PRINT)			
MAIL STOP			
COMMUNICATIONS			
PO BOX 1450			
ALEXANDRIA			
EXPRE			

PROCESS HARD

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com



UNITED STATES POSTAL SERVICE®

DELIVERY (POSTAL USE ONLY)

Delivery Attempt

No. Day Year

10 10 2007

Time

AM PM

Employee S

Employee SI

NO DELIVERY

NO DELIVERY

NO DELIVERY

NO DELIVERY

NO DELIVERY

NO DELIVERY

NO DELIVERY

NO DELIVERY

NO DELIVERY

NO DELIVERY

NO DELIVERY

NO DELIVERY

NO DELIVERY

NO DELIVERY

NO DELIVERY

NO DELIVERY

FOR PICKUP OR TRACKING CALL 1-800-222-1811

U.S. POSTAGE P B  
1640 \$46.100 DE  
0315 \$46.100 DE  
9498 MAILED FROM ZIP CODE